

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

105 NOV 10 A9 44 MI31

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI	LOBBYIST					
NAME(La	st)	(First)	(Middle)	TELEPHONE		
	MULLIGAN	KEVIN	D.	543-0067		
MAILING	ADDRESS (Street)	FAX				
	888 MILILANI STR	EET, SUITE 601		528-4059		
. (0	City)	(State)	:	(Zip Code)		
	HONOLULU	HI	9	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)						
	HAWAII GOVERNMEN	T EMPLOYEES ASSOCIATION	ON	536-2351		
MAILING	ADDRESS (Street)	FAX				
	888 MILILANI STR	EET, SUITE 601	•	528-4059		
((City)	(State)		(Zip Code)		
	HONOLULU	ні	•	96813		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBI	TELEPHONE	
HAWAII GOVERNMENT	536-2351	
MAILING ADDRESS (Street)	FAX	
888 MILILANI STRE	528-4059	
(City)	(State)	(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR F	ES STATEMENT TELEPHONE	
RUSSELL TOMITA		543-0034
MAILING ADDRESS (Street)		FAX
888 MILILANI STRE	ET, SUITE 601	523-6879
(City)	(State)	(Zip Code)
HONOLULU	HI	96813

PART III DESCRIPTION O	F SUBJECTS UPON WHICH	<u>UOY F</u>	EXPECT TO LOBBY				
Agriculture	Education	_	Human Services	_ x	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs	X	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	X	Labor & Employment	X	Transportation		
Culture, Arts, Historic Preservation	X Health		Planning, Land & Water Use Management		Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	X	Public Safety & Corrections				
PART IV CERTIFICATION	OF LORBVIST						
	nformation furnished above is	to the	host of my knowledge	oorroot	and complete		
		s, to the			and complete.		
Kevin Mul	her		11/9/0	5			
	(Signature of Lobbyist)			Date)			
PART V AUTHORIZATION	LTO LOBBY						
NAME	TTO LOBBT	TITI F	OF AUTHORIZING OFFICER	OR PE	RSON REPRESENTED		
IVAIVIE	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE						
RANDY PERREIRA	A DEPL	JTY EX	ECUTIVE DIRECTOR				
NAME OF ORGANIZATION (if applicable)					TELEPHONE		
HAWAII GOVERNMENT EMPLOYEES ASSOCIATION					543-0003		
HAWAII GUVERNI	MENT EMPLUTEES ASSOCIATION	LOIN		545	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MAIL ING ADDRESS (Start)			FA				
MAILING ADDRESS (Street)	FA						
888 MILILANI STREET, SUITE 601				528-0922			
	•						
(City) (State) (Zip							
HONOLULU HI 96							
I hereby authorize the ap	ove - named person to engag	ge in lo	bbying activities on beha	alf of th	e undersigned.		
	5 /6 \			11 0	115		
	11		/	1-9-	- 03		
	ofizing Officer or Person Represen	tod\		Date)			